



Chandler Unified School District

Transportation Request Form

Knox Gifted Academy

FORM MUST BE RECEIVED BEFORE JULY 1ST TO ENSURE TRANSPORTATION ON THE FIRST DAY OF SCHOOL

DO NOT RETURN IF YOU WILL BE TRANSPORTING YOUR STUDENT TO AND FROM SCHOOL

Request form needs to be submitted annually.

*** Form cannot be processed without a student ID number**

Date: _____ *Student ID: _____ School Year: _____

Student's Name: _____ Home School: _____ School Attending: **Knox Gifted Academy**

Home Address: _____ City: _____ State: AZ Zip: _____

Bus Stop Location:	Andersen	Basha El	Bologna	Conley	CTA Goodman
	CTA Humphrey	CTA Independence	CTA Liberty	Frye	
	Fulton	Galveston	Hancock	Hartford SE	Jacobson
	San Marcos	Sanborn	Shumway	Tarwater	

Grade: _____ Home Phone: _____ Date of Birth: _____ Sex: M F

Mother/Guardian Name: _____ Phone#: _____

Father/Guardian Name: _____ Phone#: _____

Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

My student will be attending Kids Express at the Stop Location.

PARENT/GUARDIAN: PLEASE HAVE YOUR STUDENT READY FOR THE BUS TEN (10) MINUTES PRIOR TO SCHEDULED ARRIVAL TIME.

Date: _____ Parent/Guardian Signature: _____

MAIL TO: Chandler Unified School District
Transportation Dept.
3750 S. Centre Pointe Pkwy
Chandler, AZ 85249

or **Save document and attach to Email:**
Routing@cusd80.com